## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L08000058315

Name:

Address:

City-St-Zip:

GORDON, SANDRA

MIRAMAR, FL 33025

8740 NORTH SHERMAN CIRCLE, #104

Entity Name: NEXT INDEX SERVICES LLC

FILED Aug 29, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 8740 NORTH SHERMAN CIRCLE, #104 MIRAMAR, FL 33025 **Current Mailing Address: New Mailing Address:** 8740 NORTH SHERMAN CIRCLE, #104 MIRAMAR, FL 33025 FEI Number: 98-9531554 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: Title: () Change () Addition () Delete CROOKS, JESSICA M Name: Name: Address: 8740 NORTH SHERMAN CIRCLE, #104 Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: CROOKS, OWEN Name: Address: 8740 NORTH SHERMAN CIRCLE, #104 Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: MGR () Delete Title: () Change () Addition GORDON, SANDRA Name: Name: 8740 NORTH SHERMAN CIRCLE, #104 Address: Address: City-St-Zip: MIRAMAR, FL 33025 City-St-Zip: Title: ( ) Delete Title: () Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Name:

Address:

City-St-Zip:

SIGNATURE: JESSICA MCCURDY CROOKS MRS 08/29/2009